

## MEDICAID BULLETIN

Hosp

**TO:           Hospital Providers**

**SUBJECT:   Credit Balance Recovery**

The South Carolina Department of Health & Human Services (SCDHHS) is continuing its Credit Balance Review project. We have enlisted our Medicaid Insurance Verification Services (MIVS) contractor, Blue Cross Blue Shield of South Carolina (BCBSSC), to carry out this initiative. A Credit Balance is a positive amount that remains in a patient's account which may have resulted from multiple reimbursements from several payers, adjustments to previously paid claims of a provider, duplicate payment, or subrogation events due to accidents and other injury cases. When another third party payer reimburses a provider for claims that Medicaid paid, either in part or in full, a refund is due to the Medicaid Program. The Medicaid agency must take all reasonable measures to ascertain the legal liability of third parties to pay for care and services available under the state Medicaid plan. A Credit Balance review is one of many methods that assist the agency in meeting this obligation.

The intent of this review is not to supplant the efforts of routine health insurance recoveries through normal cost avoidance methods and restricted retroactive look-backs. Providers should continue to address retro Health and retro Medicare initiatives timely throughout all months. The aim is to address processes and/or procedures that may lead to the occurrence of a credit balance, and to provide education and monitoring for program adherence.

The approach of our contractor is to request quarterly credit balance certification and claim level detail, a process similar to that in place for Medicare providers. Attached are copies of the Medicaid Credit Balance Report Certification Page, the Medicaid Credit Balance Report – Claim Detail, and a sample reminder letter that will be sent to providers who do not submit credit balance reports within thirty (30) days of the end of the quarter.

October 31, 2012 is the due date for the first credit balance reports under the BCBSSC contract for MIVS. The report may update previously unreported credit balances and should cover the period of July 1 through September 30, 2012. The reports and checks may be mailed regular or certified mail to MIVS, Attn: Benefit Recovery – Credit Balance Reporting, P.O. Box 8355, Columbia, SC 29202-8355 or may be sent by facsimile to MIVS, Attn: Benefit Recovery – Credit Balance Reporting, 803-462-2582. Written requests for debit adjustments may be submitted in lieu of a check.

The provider outreach staff of BCBSSC will provide upcoming training opportunities that will be announced by future bulletins. In advance of the training, providers may submit sample questions by e-mail to assist the trainers in identifying the areas of primary interest to providers. The appropriate e-mail address is [creditbalancemivs@bcbssc.com](mailto:creditbalancemivs@bcbssc.com)

If you have any questions regarding this bulletin, please contact Third Party Liability at (803) 898-2907. Thanks for your continued support of the South Carolina Medicaid Program.

/s/  
Anthony E. Keck  
Director

Attachments

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

## MEDICAID CREDIT BALANCE REPORT CERTIFICATION PAGE

The Medicaid Credit Balance Report is required under the authority of the South Carolina Department of Health and Human Services.

**ANYONE WHO MISREPRESENTS, FALSIFIES, CONCEALS OR OMITTS ANY ESSENTIAL INFORMATION MAY BE SUBJECT TO FINE, IMPRISONMENT OR CIVIL MONEY PENALTIES UNDER APPLICABLE STATE LAWS.**

### CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying credit balance report prepared by

\_\_\_\_\_  
Provider Name

\_\_\_\_\_  
Provider 6-Digit Number

/ \_\_\_\_\_  
NPI Number

for the calendar quarter ended \_\_\_\_\_ and that it is a true, correct, and complete statement prepared from the books and records of the provider in accordance with applicable Federal and State laws, regulations and instructions.

(Sign) \_\_\_\_\_  
Officer or Administrator of Provider

(Print) \_\_\_\_\_  
Name and Title

(Print) \_\_\_\_\_  
Date

### CHECK ONE:

☐ The Credit Balance Report Detail Page(s) is attached.

☐ There are no Medicaid credit balances to report for this quarter. (No Detail Page(s) attached)

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Telephone Number

MIVS Contact 1-888-289-0709 Option #5

Facsimile Number to Submit MCBR (803) 462 - 2582

## South Carolina Department of Health and Human Services

### Medicaid Credit Balance Report – Claim Detail

Provider Name: \_\_\_\_\_  
Provider Legacy Number \_\_\_\_\_  
Provider NPI Number \_\_\_\_\_  
Quarter Ending \_\_\_\_\_

Beneficiary Name \_\_\_\_\_  
MID Number \_\_\_\_\_  
Claim Control Number (CCN) \_\_\_\_\_  
Provider Type \_\_\_\_\_  
Admission Date \_\_\_\_\_  
Discharge Date \_\_\_\_\_  
Claim Paid Date \_\_\_\_\_

Total Amount Medicaid Paid \$ \_\_\_\_\_

Amount of Medicaid Credit Balance Repaid \$ \_\_\_\_\_

Method of Payment: Check Enclosed ☐ Auto – Debit Requested ☐ ( Print Name

Amount of Medicaid Credit Balance Outstanding \$ \_\_\_\_\_

Reason for Medicaid Credit Balance:

Provider Health ☐  
Medicare ☐  
Estate ☐  
Casualty ☐

Prepared By: \_\_\_\_\_ Date: 8/3/2012

Contact Telephone Number: \_\_\_\_\_

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Date

<<Name>>  
<<Address 1>>  
<<Address 2 >>  
<<City>>, <<State>> << Postal Code>>

RE: PAST DUE MEDICAID CREDIT BALANCE REPORT  
FOR PROVIDER:  
PROVIDER NUMBER:  
QUARTER END:

Dear

Per South Carolina Department of Health and Human Services (SCDHHS), Medicaid providers are required to submit the Credit Balance Report Form within 30 days of the close of each calendar quarter. As of the date of this letter, we have not received your facility's report.

All amounts owed to Medicaid must be paid at the time the credit balance report is submitted. If your facility has no credit balance information to report, you must still submit a credit balance report. Please indicate that you do not have any credit balances on the credit balance certification page.

Please immediately mail your credit balance report to the appropriate address shown below. If you are submitting a check, please make the check payable to South Carolina Department of Health and Human Services.

Regular or Certified Mail	Facsimile
SCDHHS Attn: Benefit Recovery - Credit Balance Reporting PO Box 8355 Columbia, SC 29202 - 8355	SCDHHS Attn: Benefit Recovery - Credit Balance Reporting  803-462-2582

If you have any questions, please call (888) 289 -0709 (option #5).

Sincerely,

Benefit Recovery